

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

AMB APPROVAL

07048502

MAR 1 9 2007

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC (JSE ONL	Y
Prefix			Serial
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	DATE	RECEIVE	D
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165/5/	``
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	1)44161
LJH Highline, LLC	13/100/
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	444
1. Enter the information requested about the issuer	
Name of the Issuer (check if this is an amendment and name has changed, and indicate change.)	
LJH Highline, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Collier Place II, 3001 Tamiami Trail North, Suite 302, Naples, FL 34103	(239) 403-3030
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	Same
D. CD	
Brief Description of Business Investing in and trading of securities	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☒ other (please specify): lim	nited liability compare calready formed
business trust	PROCESSED
Month Year	- Jeoge
Actual or Estimated Date of Incorporation or Organization: [0][3] [0][7] Actual	Estimated MAD 2 2 com
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	I ⊠ Estimated MAR 2 3 2007
CN for Canada; FN for other foreign jurisdiction)	[D][E] JHOMOO
GENERAL INSTRUCTIONS	FINANCIAL
Federal:	J. WO:AL
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6)	6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is dee Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that addit was mailed by United States registered or certified mail to that address.	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required Five (5) copies of this notice must be filed with the SEC one of which must be manually signed. Any of the manually signed copy or bear typed or printed signatures.	copies not manually signed must be photocopies

State

SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6/02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Promoter Executive Officer Director ☐ General and/or Check Box(es) that Apply: Beneficial Owner Managing Partner Full Name (Last name first, if individual) LJH Global Investments, LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) Collier Place II, 3001 Tamiami Trail North, Suite 302, Naples, FL 34103 Promoter ☐ Beneficial Owner ☐ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) James R. Hedges IV **Business or Residence Address** (Number and Street, City, State, Zip Code) Collier Place II, 3001 Tamiami Trail North, Suite 302, Naples, FL 34103 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer ☐ Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ■ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

□ Executive Officer

□ Director

General and/or Managing Partner

(Number and Street, City, State, Zip Code)

☐ Beneficial Owner

Full Name (Last name first, if individual)

□ Promoter

Business or Residence Address

Check Box(es) that Apply:

Full Name (Last name first, if individual)				
Asiness or Residence Address (Number and Street, City, State, Zip Code) Director General and/or Managing Partner				
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:				
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Numb	er and Street, City, State, 2	Zip Code)		

				ı	B. INFORMA	ATION ABO	UT OFFERI	ING				
1. Has th	e issuer sold,	or does the i	ssuer intend	to sell, to non-	accredited inv	vestors in this	offering?				Yes	No ⊠
				Answer	also in Apper	ndix, Column	2, if filing ur	nder ULOE.				
2. What	is the minimu	m investmer	nt that will be	accepted fron	n any individu	nal?					: \$ 1	*000,000
				single unit?								No
											\boxtimes	
remu ageni	neration for s t of a broker o	olicitation o	f purchasers i stered with the	person who had connection the SEC and/or broker or dealer	with sales of a with a state of	securities in t or states, list (the offering. the name of t	If a person to he broker or d	be listed is a lealer. If mor	m associated e than five (5	person or	
Full Nam	e (Last name	first, if indiv	vidual)									
Business	or Residence	Address (Nu	imber and Str	reet, City, State	e, Zip Code)							
Name of	Associated B	roker or Dea	ler									
States in	Which Persor	Listed has 5	Solicited or Ir	ntends to Solic	it Purchasers							
•				tes)							_	ll States
[AL]	[AK]	[AZ]	[AR] [KS]	[CA]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[NH]	[KY] [NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name	first, if indiv	ridual)			<u> </u>						
Business	or Residence	Address (Nu	ımber and Str	reet, City, State	e, Zip Code)							
Name of	Associated B	roker or Dea	ler									
States in	Which Persor	Listed has S	Solicited or Ir	ntends to Solic	it Purchasers							
				tes)							🗆 \Lambda	ll States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] ———	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name	first, if indiv	ridual)									
Business	or Residence	Addrage (N.	imhar and C4	reet, City, State	a Zin Codo							
Dusiliess	or Residence	Address (No	imber and Su	eet, City, Stati	e, Zip Code)							
Name of	Associated B	roker or Dea	ler									
0			n at 1. a =		l. n.							
				ntends to Solic etes)							□ ^	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[он]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

^{*}Subject to Waiver

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,				
	check this box and indicate in the columns below the amounts of the securities offered for				
	exchange and already exchanged.				
	Type of Security	(Aggregate Offering Price	Aı	mount Already Sold
	Debt	\$	0	\$	0
	Equity	S	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	S	0	\$_	0
	Partnership Interests	\$	15,000,000*	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$	15,000,000*	S_	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Pollar Amount of Purchases
	Accredited Investors		0	s	0
	Non-accredited Investors		0	s_	0
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security	Е	ollar Amount Sold
	Rule 505		•	ç	3010
	Regulation A				
	Rule 504				
			<u>-</u>		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			S_	
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	2,000
	Legal Fees			s	50,000
	Accounting Fees			\$	5,000
	Engineering Fees		_	s	
	Sales Commissions (specify finders' fees separately)			s	
	Other Expenses (identify)			\$	
	Total			s	57,000
	1 0141				27,000

^{*}Subject to change in the General Partner's discretion.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	Jr PROCEEDS	
	b.Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$14,943,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose in not known, furnish an estimate and check the box to the left of the estimate. The total of the payment listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	□ s	□ s
	Purchase of real estate	S	□ s
	Purchase, rental or leasing and installation of machinery and equipment	\$	□ s
	Construction or leasing of plant buildings and facilities	\$	□ \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	s
	Repayment of indebtedness	\$	□ \$
	Working capital	□ \$	\$_14,943,000*
	Other (specify):	\$	□ \$
		□ \$	□ \$
	Column Totals	□ \$	■ \$14,943,000*
	Total Payments Listed (column totals added)		943,000*
* S	ubject to change in the General Partner's discretion.		
	D. FEDERAL SIGNATURE		
sign	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comparation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 5	mission, upon written i	ule 505, the following request of its staff, the
	ner (Print or Type) H Highline, LLC	Date:	13/07
Jai	me of Signer (Print or Type) nes R. Hedges IV, by and on behalf of LJH Global estments, LLC, the Manager of the Issuer Title of Signer (Print or Type) Manager of LJH Global Investments, L	LC, the Manager of t) he Issuer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned ly authorized person.
	H Highline, LLC Signature Date 3/3/67
Na	ime of Signer(Print or Type) Title (Print or Type)

Manager of LJH Global Investments, LLC, the Manager of the Issuer

E. STATE SIGNATURE

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

FORM D 7 of 9

James R. Hedges IV, by and on behalf of LJH Global Investments, LLC, the Manager of the Issuer

APPENDIX

l		2	3		5				
	to non-a	d to sell accredited rs in State 8-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Liability Company Interests; \$15,000,000 (subject to change)	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		Х	"						x
AK		x							X
ΑZ		х	"						X
AR		х	"						X
CA		х	"						X
со		х	"						X
СТ		х	66						X
DE		х	· · ·						x
DC		х	"						X
FL		х	ı.						X
GA		х	"						х
HI		Х	"						X
lD		X	"						X
ΙL		х	"						X
IN		х	"						х
lA		х	46						х
KS		х	"					•	X
KY		x	"						X
LA		x	"						Х
ME		х	"						х
MD		х	"						X
MA		х	"						х
Mi		X	· ·						х
MN		x	· ·						х
MS		Х	46						х

APPENDIX

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	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Liability Company Interests; \$15,000,000 (subject to change)	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
мо		X	"						X		
MT		X	66						X		
NE		x						,	x		
NV		x	66						x		
NH		X	66						x		
NJ		X	"						X		
NM		x	66						X		
NY		x	"						x		
NC		x	"				***************************************		X		
ND		x	CC .				·		x		
ОН		X			· · - · - · - · · - · · · · · · · ·				X		
OK		x	"						X		
OR		X	"						x		
PA		x	"						X		
RI		X							x		
SC		X	"						X		
SD		x	u						x		
TN		x	u						x		
TX		X	"						X		
UT		x							X		
VT		Х	u						X		
VA		х	66 -						X		
WA		X	"						X		
WV		X	ű						х		
WI		X	ű						х		
WY		X	"						х		
ОТН		X	"						x		

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END